

P02

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
101							51			
2		/					52			
3	/						53			
4		/					54			
5		/					55			
6		/					56			
7		/					57			
8		/					58			
9		/					59			
10	/						60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	12						TOTAL IND.			
TOTAL DEP.	98						TOTAL DEP.			
TOTAL CLAIMS	110						TOTAL CLAIMS			

-P 01

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FLUX DATE

CLAIMS

AD FILED		JURISDICTION ALLEGATION		AVOIDABLE ALLEGATION	
CID	DEP	CID	DEP	CID	DEP
1	/				
2	/				
3	/				
4	/				
5	/				
6	/				
7	/				
8	/				
9	/				
10	/				
11	/				
12	/				
13	/				
14	/				
15	/				
16	/				
17	/				
18	/				
19	/				
20	/				
21	/				
22	/				
23	/				
24	/				
25	/				
26	/				
27	/				
28	/				
29	/				
30	/				
31	/				
32	/				
33	/				
34	/				
35	/				
36	/				
37	/				
38	/				
39	/				
40	/				
41	/				
42	/				
43	/				
44	/				
45	/				
46	/				
47	/				
48	/				
49	/				
50	/				
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

	DID	DEP	DID	DEP	DID	DEP
51		/				
52		/				
53		/				
54		/				
55		/				
56	/	/				
57		/				
58		/				
59		/				
60		/				
61		/				
62		/				
63		/				
64		/				
65	/	/				
66		/				
67		/				
68		/				
69		/				
70		/				
71		/				
72		/				
73		/				
74		/				
75	/					
76		/				
77		/				
78		/				
79		/				
80		/				
81		/				
82		/				
83		/				
84	/					
85		/				
86		/				
87		/				
88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94	/					
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.			/			
TOTAL DEP.			←	→	←	→
TOTAL CLAIMS			←	→	←	→